

INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

As authorized by Health & Safety Code section 1797.172 all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a criminal history check prior to being licensed.

The California Department of Justice (DOJ) has recently implemented the Applicant Live Scan process for the submission of fingerprints. This new automated system for the electronic submission of fingerprints and the subsequent automated background check and response replaces the blue and white fingerprint card previously used.

Live Scan terminals where you can go to be fingerprinted are located in sheriffs' offices and police departments throughout the state as well as several larger school districts. A list of Live Scan terminal locations can be found on the Internet at the DOJ Live Scan web site at www.caag.state.ca.us/app. You may also link to this site from the EMS Authority's web site at www.emsa.ca.gov, or you may call the Paramedic Program Unit at (916) 322-4336 to request a copy.

Fingerprint fees for processing the criminal history check are established by DOJ and may be subject to change. The current nonrefundable fee for this process is \$32.00 and is payable to the Department of Justice or to the Live Scan Agency doing the fingerprinting. The "rolling fee" for Live Scan fingerprinting which is separate from the fee for processing the background check is paid directly to the agency conducting the Live Scan fingerprinting. The rolling fee (usually \$10.00 - \$15.00) may vary by agency and many agencies require an appointment so we encourage you to call the Live Scan equipped agency before having your fingerprints done.

The EMS Authority will receive the results of the background check electronically within three to seven days of being fingerprinted in most cases. However, if manual processing is required it may take seven to ten days to receive the results and in some rare cases it may take as long as 30 days. Once you have been fingerprinted, send the second copy of the Request for Live Scan Service form to the EMS Authority along with your paramedic license application and other required documentation as listed on the back of the Initial License Application.

If you have any questions, please call the Paramedic Program Unit at (916) 323-9875.

IMPORTANT: Please refer to the attached instruction sheet for completing the Live Scan Applicant Submission Form. If the form is not completed correctly the fingerprints may be rejected by DOJ and you will be required to have your fingerprints taken again (there should be no charges for reprinting rejected fingerprints providing you take the reject notice with you when being reprinted).

INSTRUCTIONS

All areas indicated on form must be filled in with the information noted below. The numbers listed here refer to the corresponding numbers on the sample of the Request for Live Scan Service Applicant Submission form on the other side. Please type or print information clearly.

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| <p>Î . <u>ORI</u>
The ORI number for the EMS Authority is A0536</p> | <p>İ <u>Type of Application</u>
Check License, Certification, Permit box only</p> |
| <p>Đ <u>Job Title or Type of License, Certification or Permit:</u>
Use <u>Paramedic</u> (no other title is acceptable)</p> | <p>Ñ <u>Agency Address Set Contributing Agency</u>
Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814</p> |
| <p>Ò <u>Mail Code</u>
The five digit mail code assigned by DOJ is 02531</p> | <p>Ó <u>Contact Telephone Number</u>
(916) 322-9875</p> |
| <p>Ô <u>Name of Applicant</u>
Indicate complete name. Last Name, First Name and Middle Initial</p> | <p>Õ <u>AKA's</u>
Indicate other names used (i.e., maiden name and/or alias name{s})</p> |
| <p>Ö <u>DOB</u>
Indicate month-day-year of birth</p> | <p>× <u>SEX</u>
Check either Male or Female</p> |
| <p>Î Î <u>HT</u>
Indicate your height in feet and inches</p> | <p>Î İ <u>WT</u>
Indicate your weight in pounds.</p> |
| <p>Î Đ <u>EYE Color</u>
Indicate eye color</p> | <p>Î Ñ <u>HAIR Color</u>
Indicate hair color</p> |
| <p>Î Ò <u>POB</u>
Indicate the state or country of birth</p> | <p>Î Ó <u>SOC</u>
Indicate your Social Security Number</p> |
| <p>Î Ô <u>CDL No.</u>
Indicate you California Driver's License Number</p> | <p>Î Õ <u>Level of Service</u>
Check the DOJ box</p> |

Do not fill in any other areas on the Request for Live Scan Applicant Submission Form.

Verify that the Live Scan Operator has entered the correct information before transmitting.